Other Sexually Transmitted Diseases

Since 1987, reported cases of chancroid have declined steadily until 2001 when 38 cases were reported (Figure 33, Table 1). In 2002, a modest increase occurred with 67 cases of chancroid reported in the United States. Only ten states and one outlying area reported one or more cases of chancroid in 2002 and one of these states (South Carolina) accounted for 43 (64.2%) of the 67 reported cases in 2002. South Carolina had the most notable increase in cases between 2001 and 2002 (15 to 43 cases) (Table 46). Although the overall decline in reported chancroid cases most likely reflects a decline in the incidence of this disease, these data should be interpreted with caution in view of the fact that *Haemophilus ducreyi*, the causative organism of chancroid, is difficult to culture and, as a result, this condition may be substantially under diagnosed.[1,2]

Case reporting data for genital herpes simplex virus (HSV), genital warts or other human papillomavirus infections, and trichomoniasis are not available. Trend data are limited to estimates of the office visits in physicians' office practices provided by the National Disease and Therapeutic Index (NDTI) (Figures 34 and 36-37).

Serious consequences of genital herpes simplex virus infection include lifelong recurrent episodes of painful genital lesions, increased likelihood of HIV transmission and acquisition, and, for women who acquire genital herpes in pregnancy, potentially fatal neonatal infection.[3] Data on herpes simplex virus type 2 (HSV-2) seroprevalence among the non-institutionalized U.S. population are available from the National Health and Nutrition Examination Survey (NHANES). In NHANES III (1988-1994), HSV-2 seroprevalence among persons at least 12 years of age was 21.9%, a prevalence which was 30% higher than the age-adjusted HSV-2 seroprevalence from NHANES II (1976-1980). Statistically significant increases in seroprevalence were concentrated in 3 of the youngest age groups which include persons aged 12 to 39 years (Figure 35).[4] Women had a higher seroprevalence than men regardless of age or race/ethnicity.[5]

For data on Pelvic Inflammatory Disease (PID), see the **Special Focus Profile** on Women and Infants.

---

[1] Schulte JM, Martich FA, Schmid GP. Chancroid in the United States, 1981-1990: Evidence for underreporting of cases. *MMWR* 1992;41(no. SS-3):57-61.

[2] Mertz KJ, Trees D, Levine WC, et al. Etiology of genital ulcers and prevalence of human immunodeficiency virus coinfection in 10 US cities. *J Infect Dis* 1998;178:1795-8.

[3] Handsfield HH, Stone KM, Wasserheit JN. Prevention agenda for genital herpes. *Sex Transm Dis* 1999; 26:228-231.

[4] Fleming DT, McQuillan GM, Johnson RE, et al. Herpes simplex virus type 2 in the United States, 1976 to 1994. *N Engl J Med* 1997;337:1105-11.

[5] Xu F, Schillinger JA, Sternberg MR, et al. Seroprevalence and coinfection with herpes virus type 1 and type 2 in the United States, 1988-1994. *J Infect Dis* 2002;185:1019-24.

Figure 33. Chancroid — Reported cases: United States, 1981–2002

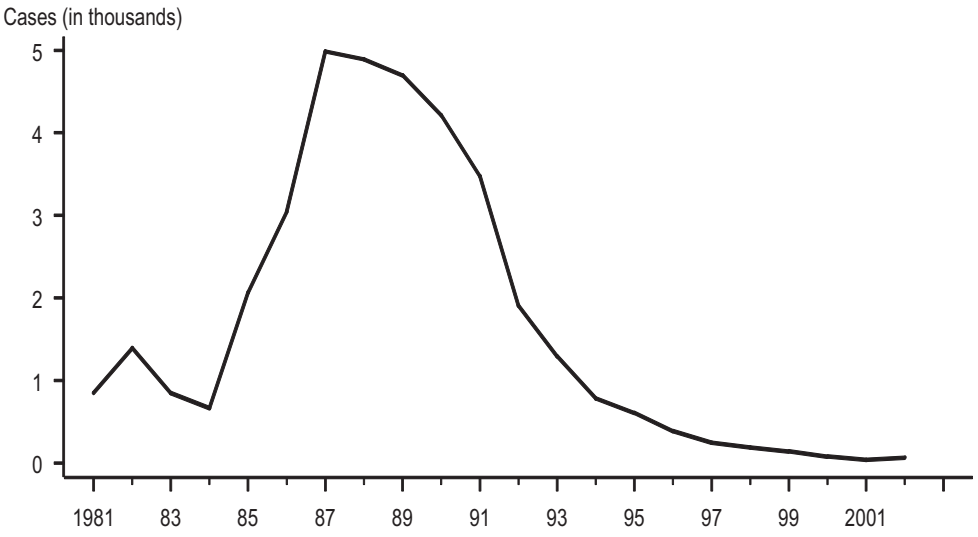
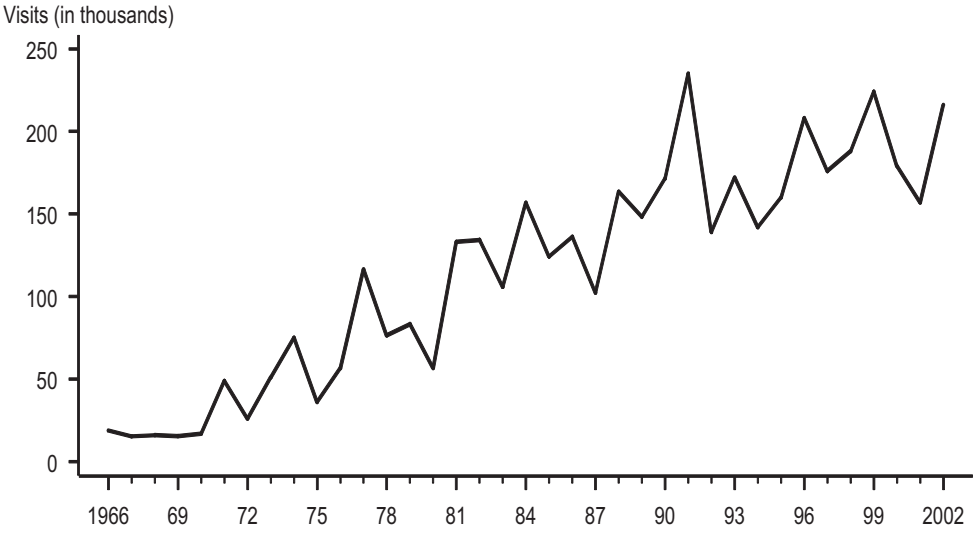


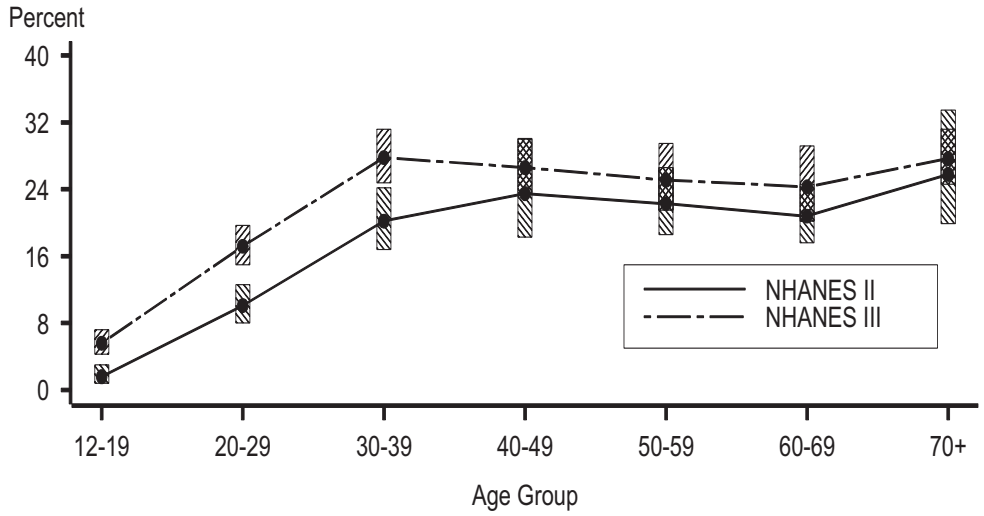
Figure 34. Genital herpes — Initial visits to physicians' offices: United States, 1966–2002



Note: See Appendix (Other Data Sources).

SOURCE: National Disease and Therapeutic Index (IMS America, Ltd.)

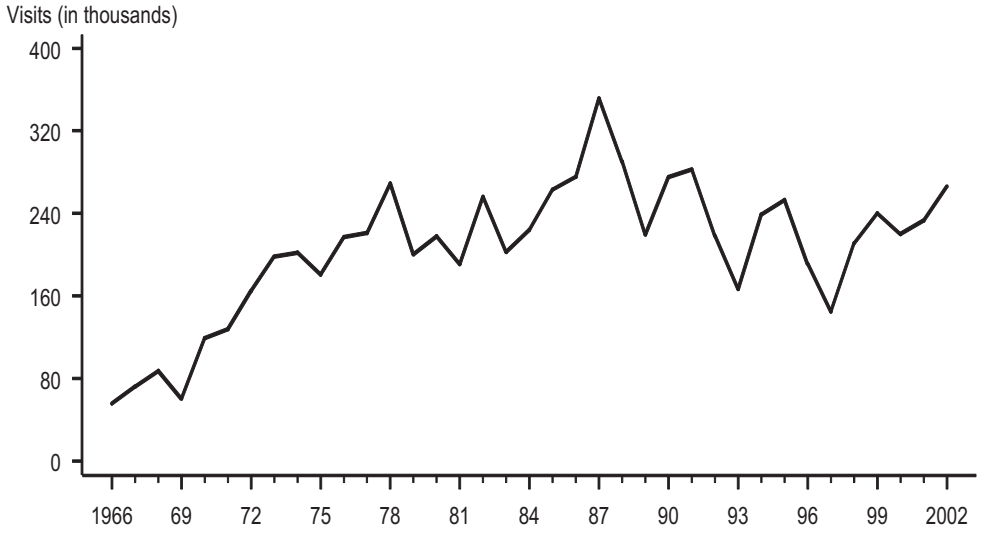
Figure 35. Herpes simplex virus type 2 infections — Percent seroprevalence according to age in NHANES II (1976-1980) and NHANES III (1988-1994)



Note: Bars indicate 95% confidence intervals.

SOURCE: National Health and Nutrition Examination Survey (NHANES)

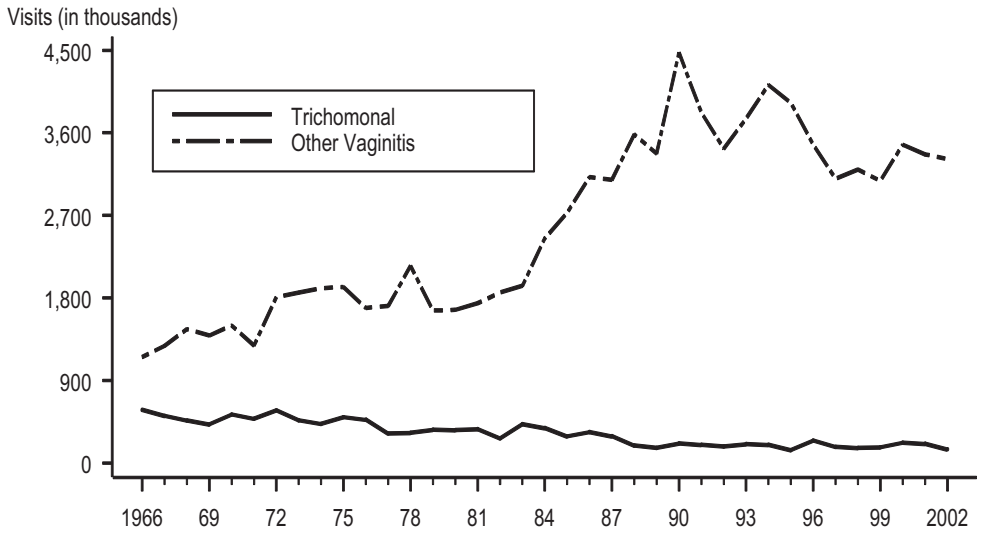
Figure 36. Genital warts — Initial visits to physicians' offices: United States, 1966–2002



Note: See Appendix (Other Data Sources).

SOURCE: National Disease and Therapeutic Index (IMS America, Ltd.)

Figure 37. Trichomoniasis and other vaginal infections — Initial visits to physicians' offices: United States, 1966–2002



Note: See Appendix (Other Data Sources).

SOURCE: National Disease and Therapeutic Index (IMS America, Ltd.)